

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF LOUISIANA  
CM/ECF TRAINING WAIVER REQUEST FORM**

The United States District Court, Eastern District of Louisiana, requires that an attorney attend a training class before the attorney is given a login and password to electronically file in this court. However, an attorney may waive electronic filing training in this court if the attorney has been trained to electronically file in another district court.

If you attest that you have previously used CM/ECF to electronically file documents in another district court, or you have previously attended CM/ECF training at another district court, you may request a training waiver by filling out the information located below. In addition, you must also submit a signed CM/ECF Registration Form which can be found on the court's website at <http://www.laed.uscourts.gov>.

**Please type or print:**

**Prior CM/ECF Filing Experience:**

I, \_\_\_\_\_, hereby certify that I have previously filed  
using CM/ECF in the United States District Court, for the \_\_\_\_\_ District of  
\_\_\_\_\_.

**Or, Prior CM/ECF Training Experience:**

I, \_\_\_\_\_, hereby certify that I have attended CM/ECF training  
at the United States District Court, for the \_\_\_\_\_ District of \_\_\_\_\_,  
on or about the date of \_\_\_\_\_.

I certify that I understand how to use the CM/ECF system and that I have read all court rules and procedures regarding CM/ECF. I authorize the Clerk's Office to contact me by telephone, mail or email to inform me of my login and password.

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**Signature**

**Date**

**LA Bar Number**

Please send to: Clerk's Office, at 500 Poydras Street, Room C-151, New Orleans, LA 70130 or  
by fax to (504) 589-7697.

**United States District Court  
Eastern District of Louisiana  
ELECTRONIC CASE FILING SYSTEM  
Attorney Registration Form**

This form shall be used to register for an account on the Eastern District of Louisiana's Electronic Filing System. Registered attorneys will have privileges to electronically submit documents and to view and retrieve electronic docket sheets and documents as available for cases assigned to the Electronic Filing systems. The following information is required for registration:

**Please Type**

First/Middle/Last Name: \_\_\_\_\_

Attorney Bar # and State: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

FAX number: \_\_\_\_\_

E-Mail  
Address: \_\_\_\_\_  
(Attorney's email for electronic service)

Additional E-Mail Address: \_\_\_\_\_  
(Secretary, central repository, etc.)

**\*\*Note: Attorneys seeking to file documents electronically must first be admitted to practice in the United States District Court, Eastern District of Louisiana pursuant to LR83.2.3E.**

**\*\*By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed.R.Civ.P. 5(b) and 77(d) via the Court's electronic filing system and consents to receive service from other filing users by the Notice of Electronic Filing generated by the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney/Participant Signature